

Parent Letter  
Allergen Free Table  
Lafayette School Corporation

FROM THE NURSE'S OFFICE

Dear Parent of: \_\_\_\_\_ Date: \_\_\_\_\_

This is to inform you that the school cafeteria has an "Allergen Free" table available. According to our records, your child \_\_\_\_\_ has a severe allergy to the following foods:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

Comments: \_\_\_\_\_

**Please fill in the appropriate area below, sign and date it, and return this form to the nurse as soon as possible.**

\_\_\_\_\_ **I DO** want my child to sit at the "Allergen free" table during his/her lunch hour.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_ **I DO NOT** wish for my child to sit at the "Allergy Free" table during his/her lunch hour.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Thank you for your help to keep our students healthy.